

CLAIM NO.

VEHICLE ACCIDENT REPORT



| | | | | | |
|--|--|---------|-------------|---------------------------|-----------------------|
| D R I V E R & C A R 1 | LAST NAME FIRST MI | | | HOME PHONE () () | WORK PHONE () () |
| | ADDRESS | | | DRIVER'S LICENSE NO. | STATE OF LICENSE |
| | CITY STATE ZIP | | | INSURANCE COMPANY | |
| | MAKE OF VEHICLE | YEAR | LICENSE NO. | WHERE CAN VEHICLE BE SEEN | |
| | OWNER OF VEHICLE | ADDRESS | | CITY | STATE ZIP |
| | AREA(S) OF DAMAGE | | | | ESTIMATE REPAIR COST |

| | | | | | |
|--|--|---------|-------------|---------------------------|-----------------------|
| D R I V E R & C A R 2 | LAST NAME FIRST MI | | | HOME PHONE () () | WORK PHONE () () |
| | ADDRESS | | | DRIVER'S LICENSE NO. | STATE OF LICENSE |
| | CITY STATE ZIP | | | INSURANCE COMPANY | |
| | MAKE OF VEHICLE | YEAR | LICENSE NO. | WHERE CAN VEHICLE BE SEEN | |
| | OWNER OF VEHICLE | ADDRESS | | CITY | STATE ZIP |
| | AREA(S) OF DAMAGE | | | | ESTIMATE REPAIR COST |

| | | | | | | |
|---|---|--|---|------|-------|------------------|
| A C C I D E N T I N F O R M A T I O N | DATE OF LOSS | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | LOCATION | CITY | STATE | |
| | WAS ACCIDENT REPORTED TO THE POLICE <input type="checkbox"/> YES <input type="checkbox"/> NO | | POLICE AGENCY | | | ADDRESS |
| | WAS ANYONE INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, COMPLETE NEXT SECTION—ATTACH ADDITIONAL SHEETS AS NECESSARY | | | |
| | NAME | | ADDRESS | CITY | ZIP | PHONE () () |
| | INJURIES | | NAME / ADDRESS OF DOCTOR | | | |
| | NAME | | ADDRESS | CITY | ZIP | PHONE () () |
| | INJURIES | | NAME / ADDRESS OF DOCTOR | | | |

DESCRIBE ACCIDENT BRIEFLY (SHOW DIRECTION OF EACH CAR ON DIAGRAM ON REVERSE SIDE)
CONTINUE ON BACK, IF NECESSARY

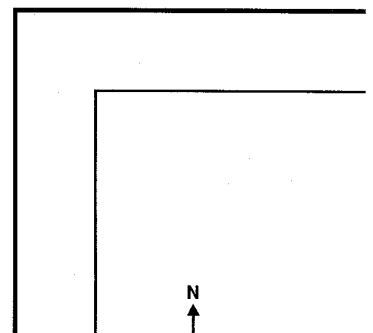
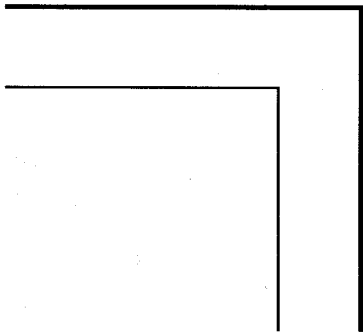
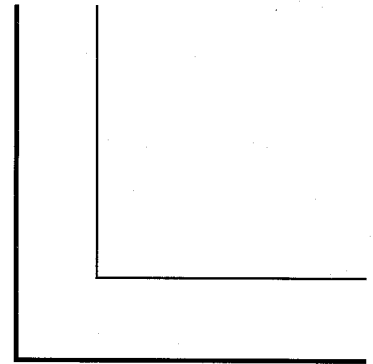
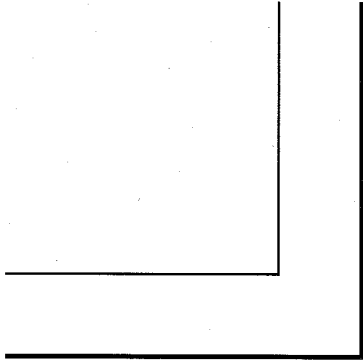
| | | | | |
|--------------|---------|------|-----|------------------|
| | | | | |
| WITNESS NAME | ADDRESS | CITY | ZIP | PHONE () () |
| WITNESS NAME | ADDRESS | CITY | ZIP | PHONE () () |
| WITNESS NAME | ADDRESS | CITY | ZIP | PHONE () () |

SEE REVERSE

Show positions of all vehicles, persons, signs, and other objects. Give names of streets.

A
C
C
I
D
E
N
T

D
I
A
G
R
A
M



K
E
Y

| | | | |
|--|-----------|--|------------|
| | YOUR CAR | | PEDESTRIAN |
| | OTHER CAR | | STOP SIGN |
| | THIRD CAR | | STOP LIGHT |

WEATHER CONDITIONS

| | | | | | |
|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> DRY | <input type="checkbox"/> WET | <input type="checkbox"/> ICY | <input type="checkbox"/> FOGGY | <input type="checkbox"/> SNOWY | <input type="checkbox"/> OTHER _____ |
|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------------|

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signature of Claimant _____

Date _____